



**RISK MANAGEMENT MOTOR VEHICLE
ACCIDENT REVIEW BOARD REPORT**
OFFICE OF MANAGEMENT & BUDGET/RISK MANAGEMENT
SFN 52280 (Rev. 05-2001)

Accident Number:
Accident Date:

Unit Number:	Name:	Number of Previous Accidents:	Agency:
--------------	-------	-------------------------------	---------

Describe Accident:

Evasive action taken: <input type="checkbox"/> Proper <input type="checkbox"/> Improper <input type="checkbox"/> None	Explain:
--	----------

Was the Accident Preventable? (A preventable accident is one in which the state employee-operator did not act reasonably to prevent the occurrence.)

Member 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conclusion: ☐ Preventable ☐ Nonpreventable

Recommended Actions:

☐ Additional Training ☐ Examinations ☐ Restricted Operation ☐ Other Duty Assignment ☐ Improper

Signature:	Date:
------------	-------